

8-12  
4-12-40  
5-12-40  
6-12-40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

25505

AUG 7 1941

Registration District No. 496

Primary Registration District No. 3025

State File No.

Registrar's No. 60

1. PLACE OF DEATH:

(a) County Linn  
(b) City or town Brookfield  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Brookfield Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution three days  
(Specify whether  
In this community ✓ years, months or days) 0

3. (a) PRINT FULL NAME

Fannie Blanche Martin

3. (b) If veteran, name war ✓

3. (c) Social Security No. None

4. Sex 71

5. Color or race W

6. (a) Single, widowed, married, divorced ✓ 0

6. (b) Name of husband or wife ✓

6. (c) Age of husband or wife if alive ✓ years

7. Birth date of deceased March 17 1933  
(Month) (Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

8

4

5

hr.

min.

9. Birthplace

Sullivan MO  
(City, town, or county) (State or foreign country)

10. Usual occupation

LL

11. Industry or business

MOTHER FATHER

12. Name

Billie Martin

13. Birthplace

Sullivan MO  
(City, town, or county) (State or foreign country)

14. Maiden name

Billie Hoselson

15. Birthplace

Linn MO  
(City, town, or county) (State or foreign country)

16. (a) Informant

Oliver Martin

(b) Address

North Salem, MO

17. (a) Burial

(b) Date thereof July 23  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation

Price Cemetery

18. (a) Signature of funeral director

Glen E. Kent

(b) Address

Green City, MO

19. (a) 7/23/41

(b) Quintus  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Sullivan  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. R 7th North Salem MO  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 22  
year 1941 hour 3:15 minute 22 A. M.

21. I hereby certify that I attended the deceased from July 18  
1941, to July 22, 1941;  
that I last saw h. alive on July 22, 1941,  
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary edema  
(cardiac)

Due to mitral + aortic stenosis

Due to as. rheumatic per

Other conditions  
(Include pregnancy within 8 months of death)

Major findings:  
Of operations none

Of autopsy none

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)  
(b) Date of occurrence  
(c) Where did injury occur? (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place)  
While at work? (e) Means of injury

23. Signature J. J. Dixon (M. D. or other) MD  
Address Green City, MO Date signed 7-23-41

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**